

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/27/2015
NAME OF PROVIDER OR SUPPLIER SOUTH EMERSON SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8141 S EMERSON AVE STE C INDIANAPOLIS, IN 46237		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
Q 000	INITIAL COMMENTS This visit was for the investigation of one Federal Ambulatory Surgery Center Complaint. Complaint Number: IN00173720 Unsubstantiated; Lack of Sufficient Evidence. Deficiencies cited unrelated to the allegations. Date of Survey: 5/27/15 Facility Number: 002837	Q 000			
Q 162	QA: cjl 06/03/15 416.47(b) FORM AND CONTENT OF RECORD The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following: (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent.	Q 162			6/17/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/18/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 162	<p>Continued From page 1</p> <p>(8) Discharge diagnosis.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure that an accurate medical record was completed for 11 of 11 records reviewed. (Records #1 through #11.)</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the policy "Ambulatory Legal Medical Record", no policy number, no date of origination, review, revision, or approval, indicated: <ol style="list-style-type: none"> On page three, it reads: "...2...label and maintain a Patient Record that contains sufficient information (i) to identify the Patient, (ii) to support the Patient's diagnosis, (iii) to justify the Patient's current Treatment plan, (iv) to document the course and results of the Treatment and all claims,...". Review of medical records for patients #1 through #11 indicated: <ol style="list-style-type: none"> The document titled "Anesthesia Record Pre & Post OP", had the "General" anesthesia box checked, marked, or circled for all of the patients. The Operative Report for all 11 patients indicated the "Anesthesia" provided was a MAC (monitored anesthesia care), local anesthesia, and/or a "scalene block", or any combination of these. At 2:15 PM on 5/27/15, interview with staff member #50, the facility administrator, indicated: <ol style="list-style-type: none"> It was thought that a general anesthesia was "rarely" provided for surgical procedures here, so it is unclear why a general anesthetic is being checked as being given for patients #1 through #11. There is a discrepancy between what the 	Q 162			

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Q 162	Continued From page 2 surgeon has dictated in their operative report as the anesthesia type given, and the anesthesiologist's documentation on their patient record form. c. The discrepancy between documentation by the surgeon and documentation by the anesthesiologist, makes records #1 through #11 inaccurate. d. The policy closest to indicating that medical records require accuracy in documentation, is the one listed in 1. above, even though the statement is not specifically addressed in the policy.	Q 162			
Q 243	416.51(b)(1) INFECTION CONTROL PROGRAM - DIRECTION The program is - Under the direction of a designated and qualified professional who has training in infection control. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure that the ICP (infection control practitioner) was qualified, or beginning training and qualification towards, the responsibilities for the ICP position. Findings: 1. Review of the "Infection Control Job Responsibilities", indicated: a. Under "Qualifications", one of the bullet points included: "Evidence of continuing education and training in infection control measures". b. Under "Responsibilities", it included: "...Completes continuing medical education	Q 243		6/17/15	

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Q 243	<p>Continued From page 3</p> <p>focusing on infection control...Participated in Infection Control Quarterly meetings conducted by [local, nearby, hospital].</p> <p>2. Review of the personnel file for the ICP, staff member #51, indicated:</p> <ul style="list-style-type: none"> a. This staff member was hired 3/31/15. b. The "Infection Control Job Responsibilities" form was signed by staff member #51, but not dated to indicate when the responsibilities began. c. There was no educational/training documentation, related to infection control practices, within the file. <p>3. At 11:20 AM on 5/27/15, interview with staff member #51, the ICP, indicated:</p> <ul style="list-style-type: none"> a. This staff member has never been involved in infection control, prior to hire here. b. This staff member was to have been on the first quarter infection control meeting at the hospital by conference call, but the surgery schedule was heavy that day and staff member #51 missed being on the call as they "spaced it". c. To date, this staff member has not completed any extra reading, webinars, conferences, or other educational and training to enhance their qualifications for the ICP position. 	Q 243			